

Bureau of Health Care Quality and Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS108AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/08/2010 |
| NAME OF PROVIDER OR SUPPLIER CHARLESTON RESIDENTIAL CARE HOTEL | | STREET ADDRESS, CITY, STATE, ZIP CODE 2121 W CHARLESTON BLVD LAS VEGAS, NV 89102 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Y 000 | <p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 10/4/10 through 12/8/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The facility is licensed for 129 Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was 128. Fourteen resident files were reviewed.</p> <p>Complaint #NV00026613:</p> <p>Allegation #1 regarding misappropriation of property was substantiated. See TAG Y9999</p> <p>Allegation #2 regarding the facility not paying its utility bills was substantiated. See TAG Y9999</p> <p>Allegation #3 regarding pharmaceutical Services was unsubstantiated. The investigation included:</p> <p>Observations: Medication stocks were checked for availability.</p> <p>Interviews:</p> <ul style="list-style-type: none"> - Fourteen residents were interviewed about their medications. - Employees were interviewed regarding the availability of medications for residents. <p>Record reviews:</p> | Y 000 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 000 | Continued From page 1 - Resident Medication administration records were reviewed. - Medication container labels were reviewed and compared with the medications listed on the medication administration records. Allegation #4 regarding problems with dietary services was unsubstantiated. The investigation included: Observations: - Food service operations were observed for food availability and portion size. - The overall availability of food in stock was observed. - Residents were observed utilizing the dining facilities. Interviews: Fourteen residents were interviewed regarding the availability of food. Record Review: Food invoices were reviewed. Allegation #5 regarding insufficient resident supplies such as toilet paper was unsubstantiated. The investigation included: Observations: Resident restrooms for personal hygiene supplies. Interviews: Facility staff and fourteen residents. | Y 000 | | | |
| Y9999 | Final Observations NAC 449.011 Application for license. (NRS 449.037, 449.040) An application for a license that is filed with the Health Division pursuant to NRS 449.040: 3. In establishing that the applicant is of reputable and responsible character as required by NRS 449.040, must include personal references and information concerning the applicant ' s financial | Y9999 | | | |

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| Y9999 | <p>Continued From page 2</p> <p>status and business activities and associations in and out of this State during the immediately preceding 3-year period. If the applicant is a firm, association, organization, partnership, business trust, corporation or company, such references and information must be provided with respect to the members thereof and the person in charge of the facility or program for which application is made.</p> <p>Based on observation, interview and record review from 10/4/10 to 12/8/10, it was determined the facility owner was using Resident Trust Account monies for personal use and the facility was not paying utility bills on time.</p> <p>Findings include:</p> <p>Review of facility bank statements revealed Residents' Trust Account balances had decreased from \$8,305.22 on 7/31/10 to \$3,866.96 on 9/30/10. An audit of the residents' ledgers indicated the Trust Account should have a balance of \$20,799.05. Another bank statement obtained on 10/26/10 indicated the available balance in the Trust Account had decreased to \$1,486.93 indicating a shortfall of \$19,312.12.</p> <p>The facility's General Account balance was \$6,094.83 as of 9/30/10 with overdraft fees totaling \$140.00 on 9/28/10.</p> <p>On 10/18/10, Employee #1 admitted to withdrawing cash for personal use from the Trust Account on the following dates:</p> <p>8/5/10: ATM withdrawal of \$203.00 at Lucky Chances Casino, Colma, CA. 8/9/10: ATM withdrawal of \$202.75 at a machine</p> | Y9999 | | |

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| Y9999 | <p>Continued From page 3</p> <p>in Norwalk, CA. 8/12/10: ATM withdrawal of \$300.00 at 4425 Spring Mountain Rd, Las Vegas, NV. 8/16/10: ATM withdrawal of \$304.00 at Las Vegas Prim, NV. 8/18/10: ATM withdrawal of \$304.00 at Planet Hollywood, Las Vegas, NV.</p> <p>During an interview on 10/26/10, Employee #2 reported that the facility was not paying payroll taxes as required. Quarterly Contribution and Wage Reports provided by the facility documented payroll taxes were paid resulting in late charges and interest penalties totaling \$2,377.43 for the quarters ending on 3/31/10 and 6/10/10. The reports were not completed and signed by the facility's Business Office Manager (Employee #3) until 9/20/10. Wells Fargo bank documents indicate the payroll taxes were paid on 11/1/10.</p> <p>The allegation of misappropriation of property was substantiated. The facility management was misusing Trust Fund monies and the facility's operational account was under funded. Reviews of facility utility bills from 10/4/10 through 12/1/10 revealed the facility had incurred late charges from Nevada Energy totaling \$238.34 on its September and October bills. The facility also incurred a late charge of \$46.48 on its September Las Vegas Valley Water District Bill. Employee #3 admitted that some facility utility bills had been paid late. Current accounting records showed the facility had made payments on the power and water bills.</p> <p>The allegation that the facility was not paying its utility bills on time was substantiated. Severity: 3 Scope: 3</p> | Y9999 | | | |

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